## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED											
May 08 1998 8:00am	Ì										
Secretary of State											

1. Corporation		# P9400( STMENTS INC.	<b>UU</b> 4	1.690	(5)									lli
Principal Place	of Busines	s	Ma	iling Addres	s					O TOBOLABOT PAÑ JOYUP BARRI OPIN B		II OBNO 161	IO 10101 1191 H	<b>#</b> 11
7801 NW 37T			7801 NW 37TH ST MIAMI FL 33186-6559					}						
US	00 0000			\$	~ 0,55				İ	DO NOT W	RITE IN THIS	SPACE		
									3	Date Incorporated or Qualit	ied			
										05/25/1994				
2. Principal Pla	ace of Busin	ness	2a.	Mailing Add	lress				4	FEI Number			Applied F	or
21			26							<u>65-0507693</u>			Not Appli	
Suite, Apt. 6	#, etc.		<u> </u>	Suite, Apt. #	, etc.				Б	Certificate of Status Desired	3 🗆		5 Addition	
City & State			27	City & State									Required	
<b>—</b>	3		<b>1</b>	City & State					6	<ul> <li>Election Campaign Financial Trust Fund Contribution</li> </ul>	ng		DO May 8 ed to Fees	
23 Zip		Country	28	Zip		Cor	intry		<del>-   -</del>					
24		25	29	F-1P		30	<b>,</b>		•	<ul> <li>This corporation owes or ha Personal Property Tax due</li> </ul>		Tentyeai ☐ Yes	□ No	3
	9. Name	and Address of Currer		tered Agent		1301	Τ'''		10	. Name and Address of Ne			140	
REI	FELER, GE						81	Name						
	W. FLAG							Dtur : 1	4 -1 -1	50 B-14				
		WER, SUITE 2701					82	Street A	Address (	P.O. Box Number is Not Acco	aptable)			
	AMI FL 331						83				<del></del>		<del></del>	
*****	W-11 1 2 00						Ц			<u> </u>		···		
							84	City			FL	85 2	Zip Code	
11. Pursuant to office or reagent. I ar	to the provis egistered aç m familiar w	sions of Sections 607 050 gent, or both, in the State ith, and accept the oblig	2 and 60 of Floric ations of	07.1508, Flori la. Such cha , Section 607	ida Statut nge was a 7.0505, Flo	es, the a authorize orida Sta	bove d by tutes	the corpo	corporation's	on submits this statement for board of directors. I hereby a	the purpose o accept the app	f changir cointment	g its regis as registe	tered red
SIGNATURE .	Signature, types	d or printed name of registered age	ont and title	if applicable	(NOT	E: Registera	d Age	n systematics to	required whe	n reinstating)	DATE			
12.		OFFICERS AN				13.				ADDITIONS/CHANGES TO C		DIRECT	TORS IN 1	2
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TITLE					DELETE	2.1 T	ITLE					Chan	ge 🔲 A	<b>dd</b> ition
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NAME						4.21		}	}					
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NAME						1 62 N		/		/\//				
STREET ADDRESS					/	A .	- /	ADDRESS		· / X/				
14. I hereby C	certify that th	ne information supplied w	vith this f	iling does no	t quality if		ATY S		n Sect	07/19/07(3)(i), Florida Statu	tes. I further c	ertify that	the inform	nation
officer or o Block 12 o	director of the or Block 13	ne information supplied wal report or supplement, the corporation or the rec- if changed, or on an atta	eiver or t ichment	rustee empo with an addre	wefed to	curate an		at my sig	hature sh pouired	07 19 07 (3)(i), Florida Statu the nave the same legal effect by Chapter 607, Florida State				
SIGNAT	URE:	HECTOR J. G	UZM	gn/	ر ا	/ /		N		04/28/98	(305)	1572	-083	7